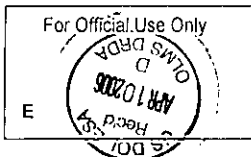


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - <input type="text" value="01942"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2005"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
3. Name and address of person filing. Name <input type="text" value="Mary"/> <input type="text" value="E"/> <input type="text" value="Bunn"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="8000 East Jefferson"/> City <input type="text" value="Detroit"/> State <input type="text" value="Michigan"/> ZIP Code + 4 <input type="text" value="48214"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="International Union, UAW"/> Labor Organization File Number <input type="text" value="000-149"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="8000 East Jefferson"/> City <input type="text" value="Detroit"/> State <input type="text" value="Michigan"/> ZIP Code + 4 <input type="text" value="48214"/>
5. Position in labor organization. <input type="text" value="Secretary-Treasurer"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Mary Ehab Bunn</u>	On <u>3-24-06</u> Date	<u>313-926-5401</u> Telephone Number

Name of Person Filing Mary Bunn

File Number U- 01942

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Meyer, Suozzi, English &amp; Klein, PC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 501

Street 1350 Broadway

City New York

State New York ZIP Code + 4 10018

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

See attached sheet

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

See attached sheet

12.b. Amount.

\$75,000

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Mary E. Bunn  
File Number U-01942  
Attachment to Form LM-30 for period ending 12/31/2005

**Question 11.**

In the ordinary course of business, each year the UAW retains more than 125 law firms, located in various parts of the United States. These law firms represent the UAW and its active and retired membership in a variety of legal disputes with employers and others. My husband, Jordan Rossen, is employed as an attorney at one of the law firms that provides representation to the UAW. The UAW was a well-established client of the firm before my husband joined the firm. The UAW's use of the firm is entirely in the ordinary course of business.

**Question 11a.**

The UAW's expenses for legal fees for outside law firms as described above are reported on the UAW's LM-2 and ordinarily exceed \$3 million annually. That figure represents the amount paid in the aggregate to all of these outside law firms. Each individual firm receives only a small portion of that amount, with the actual amount paid to each firm varying considerably from year to year depending on the extent and nature of the work performed by such firm.

**Question 12a.**

My husband, Jordan Rossen, is employed as an attorney in the firm described in Question 11. His annual income for 2005 is set forth in Box 12b. The firm has many clients other than the UAW and only a small portion of this income is attributable to work performed by the firm on behalf of the UAW.

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